

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED CHEN, XIAO PING		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000023-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. CHEN		8. PAYMENT CATEGORY Petty Offense	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE				

**REQUEST AND AUTHORIZATION FOR EXPERT SERVICES****12. ATTORNEY'S STATEMENT**

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request

Authorization to obtain the service. Estimated Compensation: \$ \_\_\_\_\_ OR

Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300)

Signature of Attorney

Date

Panel Attorney  Retained Atty  Pro-Se  Legal Organization  
Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.**FILED**

DISTRICT COURT OF GUAM

SEP 12 2006

MARY L.M. MORAN  
CLERK OF COURT**13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)****14. TYPE OF SERVICE PROVIDER**

- |  |                                      |    |   |
|--|--------------------------------------|----|---|
| 01                                     | Investigator                         | 20 | Legal Analyst/Consultant                |
| 02 <input checked="" type="checkbox"/> | Interpreter/Translator               | 21 | Jury Consultant                         |
| 03                                     | Psychologist                         | 22 | Mitigation Specialist                   |
| 04                                     | Psychiatrist                         | 23 | Duplication Services (See Instructions) |
| 05                                     | Polygraph Examiner                   | 24 | Other (specify) _____                   |
| 06                                     | Documents Examiner                   |    |   |
| 07                                     | Fingerprint Analyst                  |    |   |
| 08                                     | Accountant                           |    |   |
| 09                                     | CALR (Westlaw/Lexis,etc)             |    |   |
| 10                                     | Chemist/Toxicologist                 |    |   |
| 11                                     | Ballistics Expert                    |    |   |
| 12                                     | Weapons/Firearms/Explosive Expert    |    |   |
| 13                                     | Pathologist/Medical Examiner         |    |   |
| 14                                     | Other Medical Expert                 |    |   |
| 15                                     | Voice/Audio Analyst                  |    |   |
| 16                                     | Hair/Fiber Expert                    |    |   |
| 17                                     | Computer (Hardware/Software/Systems) |    |   |
| 18                                     | Paralegal Services                   |    |   |

**15. Court Order**

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order \_\_\_\_\_ Nunc Pro Tunc Date \_\_\_\_\_  
Repayment or partial repayment ordered from the person represented for this service at time of authorization.YES  NO **16. SERVICES AND EXPENSES**  
(Attach itemization of services and expenses with dates)**AMOUNT CLAIMED****MATH/TECHNICAL  
ADJUSTED AMOUNT****ADDITIONAL  
REVIEW**

a. Compensation

b. Travel Expenses (lodging, parking, meals, mileage, etc.)

c. Other Expenses

**17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS**

TIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM** \_\_\_\_\_ **TO** \_\_\_\_\_**CLAIM STATUS**  Final

Interim Payment Number \_\_\_\_\_

Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: \_\_\_\_\_

Date: \_\_\_\_\_

**18. CERTIFICATION OF ATTORNEY:** I hereby certify that the services were rendered for this case.

Signature of Attorney: \_\_\_\_\_

Date: \_\_\_\_\_

**19. TOTAL COMPENSATION****20. TRAVEL EXPENSES****21. OTHER EXPENSES****22. TOT. AMT APPROVED/CERTIFIED**

23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.

Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.

Signature of Presiding Judicial Officer

Date

Judge/Mag. Judge Code

**24. TOTAL COMPENSATION****25. TRAVEL EXPENSES****26. OTHER EXPENSES****27. TOTAL AMOUNT APPROVED****28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)**

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

Judge Code